

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 159 438 V

Registered No. 438

1. PLACE OF BIRTH

County Pima State Arizona
District or Township _____ or Village _____
City Miami No. Miami Inpatient Hospital St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Martha Louise McLaughlin { If child is not yet named, make supplemental report, as directed.

3. Sex of Child { To be answered ONLY In event of plural births. } 4. Twin, triplet or other _____ 6. Legitimate? yes 7. Date of birth Dec 16 1925
Month Day Year

8. FATHER Full name William Alexander McLaughlin 14. MOTHER Full maiden name Vanlara Phebe Seamon

9. Residence (Usual place of abode) Madison 15. Residence (Usual place of abode) Boulder Colorado
If non-resident, give place and state. Miami Arizona If non-resident, give place and state. Miami Arizona

10. Color or race White 11. Age at last birthday 22 (Years) 16. Color or race White 17. Age at last birthday 21 (Years)

12. Birthplace (city or place) Illinois 18. Birthplace (city or place) Boulder Colorado
(State or country)

13. Occupation Sawyer 19. Occupation Housewife
Nature of industry Copper ore mill Nature of industry

20. Number of children of this mother _____ (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 1:02 A m. on the date above stated
(Born alive or stillborn.)

Signature J. J. Miller
(Physician or midwife)

Given name added from a supplemental report _____ Address Miami Arizona
Month, day, year _____ Filed Jan 9, 1926 Re. E. J. J. Miller Registrar

Registrar

445-1216-525